

AO 440 (Rev. 10/93) Summons in a Civil Case

United States District Court

MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL CASE

Darrell G. Ober

CASE NUMBER: 1:01-CV-084

Judge Caldwell

v.

Paul Evanko, Mark Campbell, Thomas Coury,
Joseph Westcott and Hawthorne Conley

FILED
HARRISBURG

FEB 21 2001

MARY E. D'ANDREA, CLERK
Per. W DEPUTY CLERK

To: (For the name and address of defendant(s): **SEE COMPLAINT**)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY
Don Bailey 4311 N. 6th Street Harrisburg, PA 17110

an answer to the complaint which is herewith served upon you, within 20 (twenty) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MARY E. D'ANDREA, Clerk

DATE: Jan. 16, 2001


(By) P. Cornelious, Deputy Clerk

FILED
HARRISBURG

FEB 21 2001

MARY E. D'ANDREA, CLERK
Per. 1/ DEPUTY CLERK

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

RETURN OF SERVICE OF PROCESS

PLAINTIFF Darryl Osale COURT CASE NUMBER 1:01-CV-084
DEFENDANT Emmelle W. Al. TYPE OF PROCESS Certified Mail

SERVE Personal
(Name individual, company; corporation, etc. to be served)

AT 1800 Elmerton Ave, Rky Pa 17110
(Show Address)

SPECIAL INSTRUCTIONS OR OTHER INFORMATION REGARDING SERVICE _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT:

- ☐ I have personally served individual, company or corporation above.
☒ I have made service by mail as authorized by state law to the individual, company or corporation above. Appropriate state law authorizing this type of service is _____ . If certified mail was authorized, attach green cards to this form.
☐ I have legal evidence of service, described under Remarks and attached hereto.
(Domiciliary service, Substituted service.)
☐ I am unable to serve the process. (See Remarks)

NAME OF PERSON SERVED: _____

TITLE (IF ANY) OF PERSON SERVED: _____

ADDRESS WHERE SERVED: _____

DATE AND TIME OF PERSONAL SERVICE: _____

REMARKS: _____

1/23/01
Date

Adrianne Bailey
Signature of Process Server

RETURN THE ORIGINAL OF THIS FORM WITH THE ORIGINAL SUMMONS FORM TO:
OFFICE OF THE CLERK OF COURT, U.S. DISTRICT COURT
(Clerk's address in which the assigned judge is located. Refer to the
Notice of Judicial Assignment form.)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p><i>Hawthorne Only</i> <i>1800 Ementen Ave</i> <i>Wg, Pa 17110</i></p>		<p>A. Received by (Please Print Clearly) <i>JAN 24 2001</i></p> <p>B. Date of Delivery: <i>JAN 24 2001</i></p>	
<p>2. Article Number (Copy from service label)</p> <p><i>7699 3400 0516 0532 7769</i></p>		<p>C. Signature <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 1999</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</p>		<p>102595-00-M-0952</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p><i>Joseph Westcott</i> <i>1800 Ementen Ave</i> <i>Wg, Pa 17110</i></p>		<p>A. Received by (Please Print Clearly) <i>JAN 24 2001</i></p> <p>B. Date of Delivery: <i>JAN 24 2001</i></p>	
<p>2. Article Number (Copy from service label)</p> <p><i>7699 3400 0516 0532 7769</i></p>		<p>C. Signature <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 1999</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</p>		<p>102595-00-M-0952</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Evansco
1800 Elmerton Ave
Hbg, Pa 17110

2. Article Number (Copy from service label)

7099 3400 0016 0532 7776

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-09

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

JAN 22 2001

☐ Agent☐ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Camp Bell
Governors Ex. Office
225 Main Capitol
Hbg, Pa 17120

2. Article Number (Copy from service label)

7099 3400 0016 0532 7778

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

JAN 19 2001

☐ Agent☐ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas Cary
1800 Elmerton Ave
Hbg, Pa 17110

2. Article Number (Copy from service label)

7099 3400 0016 0832 7752

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

JAN 29 2001

☐ Agent☐ Address

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes